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ABSTRACT

Research has shown that many psychiatric inpatients are alcoholics and that a significant number of these alcoholics are not being diagnosed or treated for their drinking problems. The incidence of heavy drinking among psychiatric outpatients and the extent to which psychotherapists are aware of their drinking behaviors were assessed. A self-administered questionnaire designed to detect heavy drinking was completed by 183 psychiatric outpatients at a community mental health center and by 133 non-psychiatric outpatients, i.e., the control group, at health care facilities. Psychotherapists (N=13) completed surveys and a staff psychiatrist examined 50 outpatient medical records to assess the extent to which therapists were aware of their clients' heavy drinking patterns. Results showed a significant difference in heavy drinking between the psychiatric outpatients and the control subjects. An analysis by sex revealed that twice as many men and five times as many women were heavy drinkers from the psychiatric outpatient sample than from the control group. Results also showed that psychotherapists were aware of the heavy drinking of their patients; therapists were very accurate in estimating the number of heavy drinkers. The medical records also revealed frequent notations regarding drinking. The findings should encourage mental health personnel to be sensitive to alcohol abuse in all patients. (NRB)

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The Incidence of Heavy Drinking in a Community Mental Health Center's Outpatient Population

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Recently it has become clear that heavy consumption of alcohol causes a plethora of physical, social and psychological ills. This fact has been highlighted by studies which show that alcohol abuse is associated with about one-half of the nations highway fatalities and disabling injuries (McCarrol and Haddon, 1962) and that alcoholism is now considered the third most serious health problem in the United States (Ayerst Laboratories, 1975). One index of the enormity of the physical health problems of alcoholics is found in studies that measure the number of people that require hospitalization for alcohol-related syndromes. For example, McCusker et.al. (1971) found that 64 per cent of 118 medical ward admissions to New York's Harlem Hospital were alcoholic while similar studies concluded that 25-35 per cent of medical and surgical patients were alcoholic ((Barchka et.al., 1968 (27%), Brown, 1972 (33%) and Gomberg, 1975 (26%)).

Abuse of alcohol is also a primary mental health concern. Heavy drinking interferes with familial and other inter-personal relations and induces loss of self respect, guilt, denial, memory loss, disorientation and so forth. Thus, it is not surprising that Bachrach (1972) reported that alcoholism was the primary diagnosis of 47.2 per cent of 243,000 male admissions to state and county mental hospitals. Likewise, Moore (1972) found that 50 per cent of

the men and 22 per cent of the women in a sample of 400 psychiatric inpatients were identified as alcoholic by the Michigan Alcoholism Screening Test (MAST). We would expect a high frequency of heavy drinking in psychiatric outpatient populations although research is lacking in this area. Consequently, this study is designed to assess the incidence of heavy drinking among psychiatric outpatients of a community mental health center and we suspect that there will be more heavy drinkers in that population than in the outpatient populations of non-psychiatric health care facilities.

This study also seeks to measure the extent to which psychotherapists are aware of their clients' drinking habits. Moore (1972) has demonstrated that physicians are unable to identify about 50 per cent of the alcoholics on medical and surgical wards while Bachrach (1972) reports that 10 per cent of male and 40 per cent of female alcoholics were misdiagnosed upon admission to mental hospitals. In the latter study, 40 per cent of the male alcoholics were misdiagnosed as personality disorders, while 32 per cent were called schizophrenic and 9 per cent affective and depressive disorders. These findings suggest a significant number of alcoholic psychiatric inpatients are not being diagnosed or treated for their drinking but instead are treated for conditions that, at best, are merely derivative of alcohol abuse. Under these circumstances long term prognosis is bleak. In light of these previous findings we hypothosize that psychotherapists in a mental health center will significantly underestimate the incidence of heavy drinking among their patients.

Method

A self-administered questionnaire was designed to detect heavy drinking. The questionnaire consisted of a total of 31 questions,

17 of which concerned drinking behavior. (see Table 1), while the remaining 14 regarded age, sex, marital status, smoking, diet, exercise, and the use of asperin, vitamins and prescription drugs. The non-drinking questions were included to soften the impact of the questionnaire and reduce subjects refusal to participate. Thirteen of the drinking questions (Table 1, numbers 1-13) were almost exact replicas of the questions from the Michigan Alcoholism Screening Test (Selzer, 1971) that have been demonstrated to be the most concise and reliable (Selzer et.al. 1975, Swenson et.al. 1975) and do not result in a significant number of false positives (Porkorney et.al., 1972.) The four remaining drinking questions (Table 1, numbers 14-17) were taken directly from the CAGE questionnaire and they have been shown to discriminate between alcoholics and non-alcoholics (Mayfield et.al., 1974).

The questionnaire was pre-tested with inpatients at Memorial Hospital in South Bend, Indiana. The pre-test sample consisted of patients and staff from Memorial's 3 South Ward and included 11 diagnosed alcoholics, 5 non-alcoholic psychiatric patients, 6 hospital staff and 3 medical students.

Subjects in the psychiatric outpatient population sample came from the outpatient clinic of South Bend. Indiana's St. Joseph County Community Mental Health Center (SJMHC). Excluded from this sample were SJMHC outpatients who were being treated by separate and special SJMHC programs designed for alcoholics (Community Alcoholism Program) drug abusers(Northern Indiana Drug Abuse Services) and for patients with chronic and severe emotional problems (Day Treatment Center). Subjects in the non-psychiatric outpatient population (Controls) came from the Family Practice Clinic and

TABLE 1

Questions taken from the Michigan Alcoholism Screening Test (Nos. 1-13) and the CAGE (Nos. 13-17)

1.	Do you feel that you drink more than the average drinker?	Yes___ No___
2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before?	Yes___ No___
3.	Can you stop drinking without a struggle after one or two drinks?	Yes___ No___
4.	Have you ever attended a meeting of Alcoholics Anonymous?	Yes___ No___
5.	Have you ever lost friends or girl/boy friends because of drinking?	Yes___ No___
6.	Have you ever gotten into trouble with work because of drinking?	Yes___ No___
7.	At the present time, do you ever drink before noon?	Yes___ No___
8.	Have you ever been told you have any liver trouble?	Yes___ No___
9.	Have you ever had delirium tremens (DTs), severe shaking, heard voices or seen things that weren't there after heavy drinking?	Yes___ No___
10.	Have you ever gone to anyone for help about your drinking?	Yes___ No___
11.	Have you ever been in a hospital because of your drinking?	Yes___ No___
12.	Have you ever been arrested, even for a few hours because of drunk behavior?	Yes___ No___
13.	Have you ever been arrested for drunk driving or driving after drinking?	Yes___ No___
14.	Currently, do you feel that you should cut down on your drinking?	Yes___ No___
15.	Do people annoy you by criticizing your drinking?	Yes___ No___
16.	Have you ever felt bad or guilty about your drinking?	Yes___ No___
17.	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	Yes___ No___

Emergency Room of Memorial Hospital and from the offices of two general practitioners in the South Bend area.

After pre-testing was completed, the questionnaires were placed in the reception areas of the various aforementioned settings. The questionnaires were distributed on July 7th and picked up on July 22nd, 1977. All receptionists were instructed to offer the questionnaire to people in the waiting areas and not to insist if a potential subject showed any unwillingness to participate. A cover sheet with the following instructions was attached to the questionnaire:

> The North Central Indiana Medical Education Foundation and students of the Indiana University School of Medicine are conducting a study of drinking and other health habits of people who visit Mental Health Centers. The information on this sheet is confidential, and is to be used only to compile statistical information. Your completion of this survey would be greatly appreciated.

When the subjects were finished they left the completed questionnaire with the receptionist. These questionnaires were not signed or otherwise individually identified.

Two procedures were employed to assess the extent to which SJMHC psychotherapists were aware of the heavy drinking of their clients. One method consisted of the distribution of a survey to the therapists in which they were asked the following questions:

1. What percentage of your adult clients at this outpatient clinic of the mental health center would you estimate have serious problems with their drinking? _____%

2. Approximately how many adult clients do you see at this mental health center per week? _____%

Although these surveys were returned anonymously, it must be noted that the therapists were acquainted with the nature of the research prior to submitting their responses. The second method

of assessment consisted of a SJMHC staff psychiatrist examining 50 randomly chosen medical records of adult SJMHC outpatients in order to determine how often drinking was noted. Obviously, the notation of drinking in the records presupposes therapist awareness of that problem. The psychiatrist was instructed to take any mention of alcohol or drinking that was in the records prior to the onset of the study as indicative of heavy drinking. The reason for this overly-sensitive measure was to compensate for the expressed tendency of the SJMHC therapists not to mention alcoholism in the medical records.

Results and Discussion

The results of the pre-test indicate that all of the inpatient alcoholics responded positively to a minimum of 7 of the 17 drinking questions ($\bar{x}$ positive responses = 11, range = 7-16) while the non-alcoholics responded positively to no more than 4 of the 17 ($\bar{x}$ positive responses = 1.8, range = 1-4). It was decided to use a cutoff of 5 positive responses to signify heavy drinking because all of the diagnosed alcoholics scored above 5 while all of the non-alcoholics scored below it.

At the conclusion of the survey period 183 completed questionnaires were collected from the SJMHC while 88 were taken from the offices of the general practitioners, 12 from Memorial's Emergency Room and 33 from its Family Practice Clinic (combined Controls = 133). Employing the cutoff of 5 positive responses, it was found that 27 or 14.7 per cent of the SJMHC respondents were heavy drinkers ($\bar{x}$ positive responses = 6.6, range = 5-13) while 7 respondants or 5.3 per cent of the controls were also heavy drinkers ($\bar{x}$ positive responses = 9.1, range = 5-14). A Chi square analysis yielded a

significant difference in heavy drinkers between SJMHC and control subjects ($X^2 = 7.31$, $p < .003$)

The data reveal that 125 women ($\bar{x}$ age = 34) and 57 men ($\bar{x}$ age = 35) completed the Questionnaire at the SJMHC and, of the women, 14 or 11.1 per cent were heavy drinkers while 13 men or 22.2 per cent belong to the same category. In the control conditions 90 women ($\bar{x}$ age = 38) and 43 men ($\bar{x}$ age = 41.3) completed the questionnaire and 2 or 2.2 per cent of the women and 5 or 11.6 per cent of the men were heavy drinkers. Therefore, there were twice as many men and 5 times as many women heavy drinkers in the SJMHC sample than in the combined sample of non-psychiatric health care outpatients.

Thirteen of the 22 surveys distributed to the psychotherapists of the SJMHC were returned. The surveys revealed that therapists estimated that 13.8% of their adult outpatients had serious problems with their drinking (range = 0-35%). The review of the 50 randomly selected SJMHC medical records showed that 15, or 30 per cent contained at least one notation refering to the patient's drinking.

The results indicate that there are considerably more heavy drinkers in the SJMHC's psychiatric outpatient population as compared to the number found in non-psychiatric outpatients of health care facilities serving the same general area. One reason that might account for the high frequency of heavy drinkers in the SJMHC sample is that alcohol, with its tranquilizing and narcotizing properties, provides patients with a rapidly effective and readily available form of self-medication. Unfortunately, the use of alcohol as self-medication is a dangerous endeavor as it potentiates

the effects of prescribed medications to the point of creating dangers for the patient and society and further, heavy drinking may mask or compound existing psychological problems and thereby interfere with the theraputic process. Another possibility that explains the high frequency of heavy drinking in the SJMHC sample is that for some, alcohol abuse may constitute the primary etiology of their psychological distrubances. In these cases the presenting symptoms would be derivative of the drinking syndrome and moderation or complete sobriety would be essential in attaining lasting improvement.

Although there were many more heavy drinkers in the psychatric outpatient population than in the controls, there were still considerably fewer than are found in inpatient psychiatric populations (Bachrack, 1972). However, this finding must be viewed in light of the fact that the SJMHC maintains a very active outpatient alcoholism program (9 counselors seeing a total of about 150 patients per week) and that no patient of the alcoholism program was used in this study. Thus the 14.7 per cent of heavy drinkers found among the SJMHC outpatients represents a considerable figure as the sample excluded all outpatients who were primarily diagnosed and treated for drinking. The fact that severly chronic and drug abusing outpatients were also excluded from this study lends further support to the idea that the actual frequency of heavy drinkers in the total SJMHC outpatient population may be much closer to the frequencies found in inpatient psychiatric settings.

The results of this research suggests that the SJMHC psychotherapists were aware of the heavy drinking of their patients. The therapists were very accurate in estimating the numbers of

heavy drinkers (13.8 per cent estimated vs. 14.7 per cent found) and also the medical records revealed frequent notations regarding drinking. These results run counter to previous findings (Bachrack, 1972, Moore, 1972) which indicate that physicians often misdiagnose psychiatric inpatients with drinking problems. A possible explanation of the present findings is that outpatient psychotherapists know their patients better than diagnosing physicians in inpatient psychiatric settings. A more hopeful possibility is that the results of this study represent a general trend among health care professionals to be more sensitive toward the detection of alcohol abuse. Unfortunately, the demonstration of psychotherapist sensitivity is only suggestive because the therapists were aware of the nature of the study prior to completing their estimates of heavy drinking of their clients and, more importantly, the design of the study did not provide a way to determine if the therapists could specifically identify which of their patients were the heavy drinkers. This latter ambiguity was the consequence of the complete anonymity that the SJMHC staff felt was necessary to protect the patients right to confidentiality. Future research should include an examination of psychotherapists' ability to specifically identify heavy drinking in their patients in a way that keeps patient confidentiality intact.

In summary, the present research indicates that heavy drinking is prevelant in psychiatric outpatients who were not primarily being treated for their drinking. This finding should encourage mental health personnel to be continually sensitive to the abuse of alcohol even in patients who are being treated for other apparently non-alcohol related psychological difficulties.

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